

Governor's Autism Council

MEETING MINUTES

Monday, November 25, 2013

9:45 AM to 3:00 PM

Department of Health Services

1 W. Wilson Street, Room B155

Madison, WI 53707

Council Members: Wendy Coomer, Nan Huai (for Glen Sallows), Milana Millan, Pam Stoika, Michael Williams
Facilitator: Kris Freundlich
DHS Staff: Julie Bryda, Lisa Kulow, Sue Larsen, Bill Murray
Guests: Kristin Cooper, Joanne Juhnke, Emily Levine, Tari Rautz, Betsy Winterhack

Public comments: No members of the public were in attendance.

The meeting commenced at 10:33 AM.

1. Welcome and Introductions

Members of the Council, Department of Health Services staff and invited guests introduced themselves. Sufficient Council members were not present for a quorum.

2. Division of Long Term Care (DLTC)/Bureau of Long Term Support (BLTS) Updates – Sue Larsen

- DLTC is restructuring to increase management of long-term care projects. Gail Propsom has been reassigned from the BLTS Director to the Office of Family Care Expansion (OFCE) Research and Policy Initiative Manager; she will be overseeing Family Care expansion policies and will continue to oversee the Money Follows the Person (MFP) demonstration project. Camille Rodriguez has been selected as the BLTS Interim Director, overseeing Bureau operations including adult and children waiver programs, nursing home relocation and community integration, and all Children's Services Section programs.
- Comprehensive Community Services (CCS) Program/Children Long-Term Support (CLTS) Waivers Coordination & Integration Services Memo
 - Children's Services Section is working collaboratively with the Division of Mental Health and Substance Abuse Services to develop a joint Numbered Memo with clarified policies and procedures.
 - Memo discusses CLTS waiver (supporting services that allowing the child to remain at home) and CCS Program (psycho-social rehab program providing services at home and in the community) funding and coordination.
 - CCS is a Medicaid program under the State plan.
 - Provides Mental Health services to children and adults
 - Part of biennial budget where CCS program is targeted for statewide expansion—without local match, with condition services are delivered in regionalized approach (currently 22 counties certified to deliver CCS services).
 - Draft memo has been submitted to the Wisconsin County Human Services Association Long Term Support Policy Advisory Committee (WCHSA LTS PAC) members for

review/comment. Once approved by DHS, the final updated memo will be issued to county waiver agencies (CWAs) and training events will be scheduled.

- Care4Kids
 - DHS and Department of Children and Families are implementing a demonstration project to improve access and coordinated health services for foster care children located in 5 southeastern counties (Kenosha, Milwaukee, Ozaukee, Washington and Waukesha).
 - Children's Hospital-Milwaukee has been selected as the Care4Kids provider (additional providers may be added at a later time).
 - Implementation targeted for January 2014; phase 1 will be offered to children newly enrolled into foster care system in the southeastern counties; phase 2 will include children enrolled existing in foster care system in the southeastern counties; phase 3 will include statewide expansion for all foster care children.

3. Operational

- Approval of May 23, 2013, and July 24, 2013, Meeting Minutes
 - July 24, 2013, minutes, page 3: correct spelling of "based."
 - Minutes approval tabled to next meeting with established quorum.
- 2014 meeting dates: January 9, April 10, July 10, October 9

4. Autism Treatment and the DHS Wait List

- Guests from the Autism Society of Wisconsin (ASW), Autism Society of Southeastern Wisconsin (ASSEW) and Autism of Society of South Central Wisconsin (ASSCW) joined the Council discussion.
- DHS staff reported autism treatment services wait list background and statistics:
 - Fall 2009, DHS wait list for autism treatment was 8 months. Since then, the waiting time has almost tripled.
 - Number of children coming off wait list has not changed for some time (6 per week).
 - Currently, 569 children on the wait list.
 - One year ago, the Council discussed increasing efficacy of treatment program and providing autism treatment services to children more quickly. Council wrote letter to then DHS Secretary Smith (480 kids on wait list at that time) to consider allowing children under age 3 immediate access to treatment, as research indicates early intervention affords the highest success rate.
 - Currently, approximately 40 children under age 3 on the wait list.
 - Children under age 3 are able to receive a full 3 years of treatment with the waivers before entering school. Research indicates that the proven, most-effective treatment requires over 30 hours per week; which also coordinates with federal regulations for school-age children to attend school on a full-time basis.
- Review of key points—Autism Council letter of October 26, 2013, to Governor Walker. (Governor concurrently considering AB 272.)
 - Focus on largest impact with scarce resources; manage the wait list with funds currently available.
 - Concern that Wisconsin's autism treatment program—designed as "early" intensive behavioral intervention (EIBI)—is no longer reaching children at critical stages of development (age 3 years and prior to entering the school system). Children who complete the entire 3-year EIBI program before enrolling in school will be more prepared and will require less expensive school and long-term supports.
 - Council Recommendations:
 - DHS identify unused resources already allocated for autism treatment.
 - DHS begin to serve children under age 3 without delay: (1) Those on wait list under age 3 immediately moved to top of wait list to begin receiving services promptly; (2) all

future children under age 3 when approved for eligibility should be placed at the top of the wait list and receive services immediately.

- After prioritizing services for youngest children, funds recovered from underspending should be used to expedite services for all other children on wait list.
- ASW, ASSEW and ASSCW members shared viewpoints:
 - There exists support for treatment at all ages. There is a concern that if they support the proposal the result could be children of other ages having to wait longer.
 - Provider outcome data needed comparing Medicaid card service data to current services funded by the CLTS Waivers. How are kids with and without early treatment doing now? Proposals must be outcome-driven for families to support.
 - Concern these policy recommendations are driven by providers—have a financial stake in serving younger children as they are available for treatment more hours of the day.
- Expectation: If implemented, reassess after 1 year; review outcome data. Council may request a meeting to provide additional information to the reviewers.
- Solution: New Bureau management is briefed; ensure that as a Council and stakeholders there is an understanding and one voice to agree on steps (early identification; waiver focus to treat kids once identified; waiver pays for treatment).
- Next steps: Stakeholders are asked to lend/indicate support of merits as a unified voice based on facts. Timeline is quick; letter is 1 month old and under review with Secretary's Office to respond on behalf of the Governor.

5. Open Meetings Law and Requirements – Betsy Winterhack

- At the request of the Autism Council, Betsy Winterhack, DOA Legal Counsel, discussed and reviewed the posting and communication requirements under Wisconsin's Open Meetings Law.

6. Updates

- BadgerCare+
 - Many policy changes will be going into effect as a result of the Affordable Care Act (ACA); families whose income exceeds 300% federal poverty level (FPL) will lose coverage.
 - January 2014 launch for implementation has been delayed to April 2014.
 - DLTC and Division of Health Care Access and Accountability (DHCAA) are collaborating to identify children with disabilities who are losing coverage, will contact families regarding loss of eligibility and will provide resources for a smooth transition. Families with a child with a disability may be eligible for Katie Beckett Medicaid Program or Medicaid cared coverage through the CLTS Waiver.
 - Family Voices offered to be available to triage notices and facilitate families entering the market exchange.
- PROMISE Grant
 - Collaborative grant through U.S. Department of Health and Human Services, U.S. Department of Education and U.S. Department of Labor. Wisconsin is 1 of 6 sites awarded.
 - \$32.5 million over 5 years.
 - Joint effort by Wisconsin Department of Health Services (DHS), Department of Children and Families (DCF), Department of Public Instruction (DPI) and Department of Workforce Development (DWD)/Division of Vocational Rehabilitation (DVR)
 - Research study to compare how youth ages 14-16 years on Supplemental Security Income (SSI) and their family members are impacted by interventions; to help increase employment, education and income outcomes. Provides wraparound services to the entire family.
 - Must enroll 2,000 youth in first 2 years of grant.
 - Launches January 2014.
- DHS letter issued regarding coordinating of Medicaid that includes children's waiver—

co-payment not allowed to be issued for service for which MA waiver would be covered.
(Medicaid rule: Provider cannot charge a copay for Medicaid-covered services.)

7. Autism Council Meeting Adjournment

- The Council meeting was adjourned at 2:25 PM.